

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19781865

FILING DATE

02-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/											
2		/										
3		/										
4		/										
5		/										
6		/										
7		/										
8		/										
9		/										
10		/										
11		/										
12		/										
13		/										
14		/										
15		/										
16		/										
17		/										
18		/										
19		/										
20		/										
21		/										
22	/											
23		/										
24		/										
25		/										
26		/										
27		/										
28		/										
29	/											
30		/										
31		/										
32		/										
33		/										
34		/										
35		/										
36		/										
37		/										
38		/										
39		/										
40		/										
41		/										
42		/										
43		/										
44		/										
45		/										
46		/										
47	/											
48	/											
49	/											
50		/										
TOTAL IND.	11											
TOTAL DEP.	71											
TOTAL CLAIMS	82											
51		/										
52		/										
53		/										
54		/										
55		/										
56	/											
57		/										
58		/										
59		/										
60		/										
61		/										
62		/										
63		/										
64		/										
65		/										
66	/											
67		/										
68		/										
69		/										
70		/										
71		/										
72		/										
73		/										
74	/											
75		/										
76		/										
77	/											
78		/										
79		/										
80	/											
81		/										
82		/										
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												